IOWA HOSPITAL ASSOCIATION

IHA ASSOCIATE MEMBERSHIP

— NEW ASSOCIATE MEMBER APPLICATION FORM —

2 WAYS TO SIGN UP **Email:** ihaassociatemembership@ihaonline.org | **Mail:** 100 E Grand, Ste 100 • Des Moines, IA 50309

PLEASE REMEMBER TO COMPLETE ALL FIELDS ON THIS FORM

1 MEMBERSHIP INFORMATION

Organization Information Information listed below will be used in the membership directory/website.

Organization Name

Street Address | City | State | Zip

Website

Phone | Fax

2 BILLING INFORMATION

Billing Information Invoices will be sent to this address. This information will not be published.

☐ Billing information/address is the same as address provided in Section 1

Organization Name

Street Address | City | State | Zip

3 CONTACT INFORMATION

Chief Executive Officer

CEO Name | Email Address (required)

Primary Contact All correspondence for this event will be sent to this individual

Primary Contact Name | Title

Email Address (required) | Telephone

Additional Contact #1

Contact Name | Title

Email Address (required) | Telephone

Additional Contact #2

Contact Name | Title

Email Address (required) | Telephone

4 BUSINESS INFORMATION

Primary Business Product / Service
Please select all that apply.

- ☐ Advertising Agency
- ☐ Accounting
- ☐ Account Receivables
- ☐ Architecture
- ☐ Billing Services
- ☐ Blood Products
- ☐ Cancer Services
- ☐ Child Care
- ☐ Collection Services
- ☐ Construction
- ☐ Data Analysis
- ☐ Design
- ☐ Education
- ☐ Elderly/In Home Care
- ☐ Financial Benefit Services
- ☐ Food Service
- ☐ Group Purchasing
- ☐ Health Care Furnishings
- ☐ Health System
- ☐ Heating/Cooling System
- ☐ Information Technology
- ☐ Insurance
- ☐ Interior Design
- ☐ Legal
- ☐ Management/Information Consulting
- ☐ Marketing/Research
- ☐ Medical Equipment
- ☐ Nurse Call Systems
- ☐ Organ Recovery
- ☐ Patient Satisfaction
- ☐ Promotional Items
- ☐ Real Estate
- ☐ Rehabilitation
- ☐ Signage
- ☐ Staffing/Recruitment
- ☐ Theraphy Services

Company Description

Please furnish a brief statement explaining principal function and purpose of your organization and its relationship to Iowa's health care industry.
Please do not exceed 400 words. IHA will shorten descriptions longer than the limit provided.

Facebook Twitter LinkedIn

5 PAYMENT

To pay with a credit card by phone, call 515-288-1955.

The price for Associate Membership is $990; full payment is required for membership to be processed.

- ☐ Option 1: Bill my institution.
- ☐ Option 2: Enclosed is my check payable to IHA.
- ☐ Option 3: Charge my credit card. I authorize IHA to charge my credit card:
  ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Cardholder's Name _____

Card # _____

Exp. Date _____ Security Code _____

Signature _____

FOR IHA OFFICE USE ONLY

Date Received _____

Check # _____

Check Total $_____